

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17488

FILED JUN 12 1943

State File No.

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 yr 9 mos 12 days
(Specify whether
In this community Yes
years, months or days)

3. (a) PRINT
FULL NAME

John Horroth
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 12 years (Month) (Day) (Year) 1873

7. Birth date of deceased Dec 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 7 0 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Adam Horroth

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Anna Brumley

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address

17. (a) Removal (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herndon Mo.

18. (a) Signature of funeral director Geo. G. Wallace

(b) Address Fulton Mo.

19. (a) May 22 1943 (b) Joel M. Moushoffs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Herndon (If outside city or town limits, write "RURAL") 14
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 1
1943 to May 21 1943
that I last saw him alive on May 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3 yrs

Due to Arteriosclerosis 10 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 0

23. Signature George H. Reed (M. D. or other) M.D.

Address Fulton Mo Date signed 5/21/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Robert E. White

Licensed Embalmer No.

4168

P. O. Address.....

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.